

Minutes of the State Board of Health  
January 10, 2001

A meeting of the Washington State Board of Health (SBOH) was held at the WestCoast Olympia Hotel in Olympia, Washington. The public meeting of the SBOH was called to order by Linda Lake, Chair, at 9:10 a.m. who addressed the attendees with the following statement:

“This is a public meeting of the SBOH held under provision of RCW 43.20. Notice of the meeting was provided in accordance with provisions of RCW 34.05, the Administrative Procedures Act. Those members having any conflict of interest on any item coming before the Board will report that conflict with respect to the particular subject under consideration. In case of challenge of any Board members by the public, the Board shall decide the status of the challenged members to participate before considering the substance of the matter.

Copies of all materials supplied to the Board for today’s meeting have been available since close of business last Friday from the Board’s Olympia office and on the Board’s website at [www.doh.wa.gov/sboh](http://www.doh.wa.gov/sboh). They are also available today, along with anything else we have received since, at the table in the back of the room. To conserve public funds, we have only made as many copies as we feel will be needed, so we may run out of some particularly popular items. If you do not find a document you need, please ask Heather Boe, Desiree Robinson, or another Board staff person for one.

Our meeting today is open to the public, so please feel free to listen in on informal discussions involving Board members or staff, including any that may occur during breaks or lunch.”

**The following Board members were present:**

Linda Lake, Chair  
The Honorable Neva J. Corkrum, Vice Chair  
Ed Gray, MD  
Carl S. Osaki, RS, MSPH  
Mary Selecky, Secretary, Department of Health

Charles R. Chu, DPM  
Joe Finkbonner, MHA  
Thomas H. Locke, MD, MPH  
The Honorable Margaret Pageler, JD  
Vickie Ybarra, RN, MPH

**State Board of Health Staff present:**

Don Sloma, Executive Director  
Janice Englehart, Senior Health Policy Advisor  
McLaughlin, Senior Health Policy Manager  
Russell, Health Policy Advisor

Heather Boe, Executive Assistant  
Doreen Garcia, Senior Health Policy Advisor  
Craig Desiree Robinson, Office Assistant  
Senior Donna Hal Dygert, Senior Assistant Attorney General

**Guests and Other Participants:**

Bill Beery, Group Health Community Foundation  
Terry Bergeson, Superintendent of Public Instruction  
David Cundiff, MD, Department of Social & Health Services, Medical Assistance Administration  
Michelle Davis, Department of Health  
David Gifford, Office of the Superintendent of Public Instruction  
Maryanne Guichard, Department of Health  
John Hartman, Public Health Seattle-King County  
Maxine Hayes, Department of Health  
Patty Hayes, Department of Health  
Ken Hilde, Wyeth Lederle Vaccines  
Tom Kelly, Office of the Superintendent of Public Instruction  
Sue Landow, Office of the Superintendent of Public Instruction, School Nurse Corps Program  
Judy Maier, Office of the Superintendent of Public Instruction  
Rita Schmidt, Department of Health  
George Sneller, Office of the Superintendent of Public Instruction  
Janice Talkov, University of Washington Oral Health  
Margaret Wilson, Department of Social & Health Services, Medical Assistance Administration

**APPROVAL OF AGENDA**

- *Motion: To approve the January 10, 2001 agenda as submitted.*  
*Motion/Second: Osaki/Finkbonner the motion passed unanimously.*

**ADOPTION OF DECEMBER 6, 2000 MEETING MINUTES**

- *Motion: To approve the December 6, 2000 minutes as submitted.*
- *Amended Motion: To amend the minutes to include Ms. Leanne Bates testimony as provided in Board member's meeting books.*  
*Motion/Second: Locke/Osaki the motion passed. Corkrum abstained due to absence.*

**CHILDREN'S HEALTH ISSUES—TERRY BERGESON**

Board member Vickie Ybarra, RN, MPH introduced Superintendent of Public Instruction, Terry Bergeson. Focusing on children's health and well being, Superintendent Bergeson provided an update on her 1997 report to the Board, current activities between the SBOH and the Office of the Superintendent of Public Instruction (OSPI), and the special opportunity today to strengthen collaboration between OSPI, SBOH, the Department of Health (DOH) and the Department of Social and Health Services (DSHS). (See overhead presentation). She acknowledged the important role that Tom Kelly and Judy Maire played working with the agencies. Superintendent Bergeson's major messages were that there is interdependency between homes, neighborhoods, communities, schools, kids, work, government, and higher education. Board member Ed Gray, MD stated that the health care delivery system/public health is part of that interdependency. She also pointed out that children need the ability to think and problem solve, not just good scores on "WASL" tests. She wants all children to want to get high school diplomas to be ready to participate in the 21<sup>st</sup> century.

Superintendent Bergeson stated that she wants to eliminate health disparities through a diverse health care workforce and recognizes the role of education in helping to achieve that. She sees that racial and ethnic minorities are disproportionately poor and are not doing well in school or on tests. This leads to many children lacking resiliency and empathy. Superintendent Bergeson acknowledged the successful implementation of the Nurses Core Program that arose out of collaboration between DOH, SBOH and OSPI. Now there are nurses in almost every school district in the state—we cannot afford to lose this program. She also stated that she is pleased that the K-12 School Safety and Health Guide has been completed and will be distributed in January. She stated that her concern about food safety in schools arose out of the fact that many schools have not had food safety inspections in five to seven years when they are required to be inspected every year. She asked for the Board's help with communication with the federal Department of Agriculture. Board member and Secretary of Health Mary Selecky as well as Board member Carl Osaki, RS, MSPH offered to take this to their respective national organizations.

Superintendent Bergeson asked that the Board consider current required screenings for visual and auditory and scoliosis in the context of children needing access to health care early in life. She would like the Board to consider requiring full-scale physical exams as a prerequisite for school entrance based on the Board's recommended list of clinical preventive services. She would emphasize physical, mental and oral health screenings. Somehow we must provide a strong incentive for parents to get kids to well-child exams early. Dr. Gray expressed concern that in many areas there are no school nurses and expressed the importance for all children to have a medical home. Board member Charles Chu, DPM expressed concern about the broad range of nutritional problems in school-aged children and how he saw the important role schools could play in improving child nutrition. For example, getting rid of soda pop availability in schools, asking for help from school nurses to alert children about the harm of childhood obesity.

**CHILDREN'S HEALTH ISSUES—DENNIS BRADDOCK**

Board Executive Director, Don Sloma introduced Dennis Braddock, former Chair of SBOH and now Secretary of the DSHS. Secretary Braddock stated that he would be talking about initiatives to protect children. (See overheads and materials under Tab five in Board packets.) He is most concerned about child fatalities—beyond the cases from child abuse. Children in DSHS system die at three times the rate of children age 1-9 compared to children not in the DSHS system. He discussed many important statistics about expenditures and results and ways to improve results using the new DSHS "Balanced Scorecard." Secretary Braddock stated that his top priority is his "Kids Come First Initiative." He stated that he sees many areas to collaborate with OSPI and the Board. He noted that lack of collaboration and communication is often a bigger barrier than lack of resources for getting things done. He also stressed the importance of prevention and acknowledged the Board's list of children's clinical preventive services list and said that the list of essential services will be very helpful.

Ms. Ybarra asked if DSHS would support local efforts such as the pilot program of visiting nurses that the Board heard about in Port Townsend. Secretary Braddock expressed concern that there is not enough funding to visit all families and kids in need, but he agreed funding should be redirected and new approaches tried. Dr. Gray stated that DSHS should create provider incentives for meeting DSHS standards. Secretary Braddock stated that in the last 10 years, Medicaid funding has increased five fold. Medicaid now has the largest expenditures and the greatest number of clients served of any DSHS program.

### **CHILDREN'S HEALTH ISSUES—GENERAL DISCUSSION**

Chair Lake invited Superintendent Bergeson, Secretary Braddock and Secretary Selecky to engage in a discussion with the Board given the special opportunity to have all four agencies chief executives together. She observed that all four agencies shared the goal of seeing children screened and treated for health conditions as early in life as possible. She asked how we might achieve this and other shared goals. The group agreed that a pilot program might be best, using school districts willing to require children to get screening prior to school entry. Another idea might be to inquire if children have had screening s when they enroll in schools.

These activities would require collaboration with community health providers and others. Secretary Selecky stated that the concept of “Child Find” involved similar aims. Ms. Ybarra stated that she is very excited about collaborative efforts to assure that kids get the services they need and believes the Board’s Subcommittee on Children’s Health and Well Being can take on this cross-agency collaborative effort. Ms. Ybarra stated that she believes that at least 10 states require screening before entering school and wondered if OSPI could research that.

Board member Thomas H. Locke, MD, MPH stated that he believes the system needs to change from the bottom up at the community level. It is probably unlikely to change from top down. He spoke in favor of demonstration projects, especially because at the present time, there are very strong disincentives to achieving these goals at the state level.

Chair Lake asked Mr. Sloma and Board staff to follow-up on these ideas.

### **CHILDREN'S CLINICAL PREVENTIVE SERVICES LEAD SCREENING STANDARDS**

Board staff Doreen Garcia, Dr. Gray, and DSHS Medical Assistance Administration (MAA) Medical Director Dr. Dave Cundiff clarified why lead screening is not recommended for all children in Washington. First, Ms. Garcia stated that the Board’s recommended “List of Clinical Preventive Services for Children Ages Birth to 10” did not include lead screening, however, the footnotes on the list and supporting documents neglected to clarify that individual providers may determine that an individual child may need to be screened.

Dr. Gray wanted to clarify that if lead screening were required for all children what the ramifications would be—the cost, the discomfort to children, as well as the burden on parents and providers. He stated that we should focus on better ways to spend limited resources, such as education for preventing lead exposure. He stated that the Board should support MAA if it chooses to pursue a waiver from the federal Department of Health and Human Services and would like to encourage looking at ways to prevent exposure. Dr. Cundiff stated that MAA is tied to federal regulations and cannot make any recommendations for state standards. The Board is not constrained by the same requirements. Dr. Gray stated that he respects Dr. Cundiff’s position but believes that the Board should still communicate some message to providers in Washington and the federal government. State Health Officer Maxine Hayes, MD stated that she was on a national lead screening advisory committee and that committee did not recommend targeted or widespread screening. It supported providers identifying kids at risk. The advisory committee may be willing to consider federal waivers in states that are interested in changing how lead screenings are determined.

Dr. Gray moved that the Board send a letter with DOH to providers in Washington via their professional organizations, and to the national lead screening advisory committee stating that the Board and DOH do not recommend routine lead screening for all children in Washington.

- ***Motion: The Board and the Department of Health should send letters to clinicians in WA (via appropriate professional associations) and the National Lead Screening Advisory Committee. The letters should state that the Board and the Department recommend that lead screening in WA be targeted based on risk of exposure. This recommendation is based on significant scientific findings and epidemiological studies from DOH and a statewide advisory***

*committee. The letter to the National Lead Screening Advisory Committee should also encourage that the federal waiver process get underway.*

*Motion/Second: Gray/Corkrum the motion passed unanimously.*

## **SBOH STAFF ANNOUNCEMENTS AND OTHER BOARD BUSINESS**

Mr. Sloma referred the Board to material in tab eight. He asked the Board to approve the “Draft Policy on Identifying, Monitoring, and Communicating with the Legislature about Legislation Relevant to the State Board of Health”.

Chair Lake asked Mr. Sloma when Board members might contact legislators. Mr. Sloma stated that, consistent with state law and procedures adopted by the Board, any Board member or Board staff member might contact legislators or legislative staff on an unsolicited basis, so long as they register as lobbyists according Public Disclosure Commission reporting requirements.

Board member the Honorable Margaret Pageler, JD moved that the Board adopt the draft policy as submitted with one amendment. Ms. Pageler suggested that Public Disclosure Commission (PDC) reporting for Board members exclude Board member contacts on items other than those relating to the SBOH.

- ***Motion: The Board adopts the draft “Policy on Identifying, Monitoring, and Communicating with the Legislature about Legislation Relevant to the SBOH”, as amended to exclude PDC reporting of Board member contacts on non-SBOH business.***  
***Motion/Second: Pageler/Chu the motion passed unanimously with amendment.***

The Board’s Annual Report was submitted to the Governor and copies are available for all Board members. Mr. Sloma acknowledged that Board staff member Beth Berendt has resigned to accept appointment as Deputy State Insurance Commissioner for Insurance Rates and Forms. He thanked her and Desiree Robinson for their hard work in preparing the Annual Report.

Mr. Sloma also introduced the Board’s new staff member, Craig McLaughlin who will begin on January 16. (See his resume behind Tab 8).

Chair Lake acknowledged the success of the Genetics Conference co-sponsored by the Board with several state agencies, including the University of Washington School of Public Health. Board members agreed that this conference is a model of what the Board could be doing on certain issues. Mr. Sloma acknowledged that half a dozen state agencies participated in putting the conference together who normally do not work together on such efforts. Approximately 250 people attended.

## **UPDATE ON WATER RECREATION MODEL**

Following an introduction by Mr. Osaki and Board staff Janice Englehart, Maryanne Guichard, Director from DOH’s Office of Environmental Health and Safety provided an update to the Board on the rule review of WAC 246-260, Water Recreation Facilities. Ms. Guichard stated that the Water Recreation task force has been working on the revised rule. They expect to have a revised draft completed by late spring. She estimates that the revised rule will be ready for presentation to the Board in June 2001. In addition, Ms. Guichard updated the Board on the Model Program that DOH is developing in conjunction with the Local Health Jurisdictions (LHJ). She stated that this Model Program would be used by LHJs to guide their work once direct service responsibility for the Water Recreation program is transferred from DOH to the LHJs. The group working on this program was slightly delayed due to some staff changes. She expects to have a completed draft by the late Spring 2001.

## **FOOD SAFETY IN SCHOOLS**

Ms. Englehart explained that during the past legislative session, a bill was introduced that related to school food safety. This presentation attempts to provide information about this issue to the Board so that the Board can respond to any legislation that may surface during this session on the same topic.

She added that Mr. Osaki, Board staff and DOH met with the Governor’s Office to discuss food safety issues during the summer 2000. At the Governor’s staff request she explained, DOH prepared an issue paper detailing the status of food safety in schools and options for potential additional activity. Dave Gifford, DOH Food Safety Manager discussed the material as presented in this paper and an accompanying pie chart (handouts). He noted that less than 1% of food-borne outbreaks have been traced to schools. Given limited public health dollars, he stated that he did not see the value in investing public health resources in increased

training requirements for school food workers. He emphasized the importance of good food safety practice, commenting that hand washing is the single most important factor in preventing food-borne illnesses.

- ***Motion 1: For the 2001 Legislative Session, the SBOH allows Board staff to work with Carl Osaki on any legislative proposal related to school food safety.***  
***Motion/Second: Osaki/Finkbonner the motion passed unanimously.***

## **DEPARTMENT OF HEALTH (DOH) UPDATE**

Dr. Hayes, Secretary Selecky, and Legislative Director Patty Hayes discussed diabetes screening, the next steps in the tobacco cessation campaign, Prevnar vaccine distribution, the beginning of the new legislative session, and the Governor's proposed budget. The big budget items are the child health enhancement (immunizations), water quality, and the DOH building consolidation. Discussion about Hepatitis C may get underway in the near future. She commented that she understands that Representative Eileen Cody is interested in health care workforce issues.

## **STRATEGIC PLANNING**

Mr. Sloma initiated discussion on the draft memo, "Focusing Priorities" in tab 12. He stated that if the Board approves the process, Board staff would use the projects outlined in the memo for a series of interviews with stakeholders. Ms. Pageler stated she likes the clear focus on workforce issues for the Board's priority for health disparities. She suggested we discuss the focus of children's clinical preventive services and she is interested in targeting specific issues such as oral health and mental health. Chair Lake pointed out the Group Health Foundation has come forward to discuss possible resources. Ms. Garcia pointed out that some of the rules we have statutory responsibility for are embedded in some of these suggested priorities (i.e. visual and auditory screening, scoliosis), prenatal screening). Chair Lake asked if any potential projects could be eliminated at this time. Secretary Selecky suggested the Board could eliminate: end of life care; medical care financing; bio-accumulative toxins. Mr. Sloma stated the short list included children's clinical preventive services, critical health services, genetics public dialogue, universal immunizations, and the Public Health Improvement Plan (PHIP) partnership. Board member, the Honorable Neva Corkrum suggested that OSPI, DSHS, and DOH already are interested in children's health services, mental health, oral health, and adolescent health. We need to talk to them to see how we can share resources. Ms. Pageler stated an interest in global warming.

Dr. Gray pointed out that some of these issues need to be monitored, but they are a neutral priority such as global warming, health care financing, and genetics. Ms. Ybarra suggested we be clear about monitoring. Dr. Locke suggested we take off end of life care as a potential priority issue, but maintain it in a monitoring status along with data standards. Both Dr. Hayes and Chair Lake stated that the Board needs to keep genetics due to its regulatory authority over prenatal screening and newborn screening.

- ***Motion: The Board approves the Suggested Process for Determining Priority Health Issues contained in the Executive Director's memo to the Board dated January 3, 2001, with amendments to the list of potential priority topics reduced to eliminate duplication and to place the following topics in monitoring status, pending the outcome of staff research and analysis:***
  - *End of life care,*
  - *Medical care financing,*
  - *Persistent bio-accumulative toxins,*
  - *Global warming, and*
  - *Data standards.*
- Motion/Second: Pageler/Gray the motion passed unanimously.***

## **OPEN PERIOD TO TAKE PUBLIC TESTIMONY ON ANY HEALTH ISSUE**

None.

## **ADJOURNMENT**

The meeting was adjourned at 3:45 p.m.

WASHINGTON STATE BOARD OF HEALTH

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Linda Lake, Chair